SM 18 New Mexico Drug Policy Task Force
Report to
Behavioral Health Services Subcommittee

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Summary of Legislative Recommendations:

A. As most of the recommendations can be implemented without specific legislation, a role for the Legislature can be to hold the branches of government accountable.
B. The Task Force is mindful that there are greater needs than limited state limited state revenues can cover, and has constrained its recommendations accordingly. There are some that will require revenue or the re-prioritization of existing budgets.
C. The Legislature has mandated some seven separate task forces to look at various aspects of drug and addictions in various populations and circumstances. These reports and recommendations need to be collated and molded into a consistent strategy.
D. Primary prevention of excess alcohol use: increase excise tax on alcoholic beverages and other environmental disincentives.
E. Primary prevention of illicit drugs and misuse of prescription drugs: support Prescription Monitoring Program. Support community and school based prevention program expansion.
F. Harm reduction: Support increased funds for and expand syringe exchange programs(SEPs), including outreach in areas where IV drug use is prevalent. Amend the NM laws regarding SEPs and other harm reduction to address minors' needs.
G. Inventory and mapping: Support multi-agency participation in building and maintain database of resources for assessment and treatment of behavioral health problems.
H. Integration of Behavioral Health Services with Primary Care: This must be one of the outcomes for the Legislature regarding structure and financing of behavioral health services.

I. Medication Assisted Treatment: Greatly expand access to MAT by expanding the physician workforce that is certified, distributed, available, and willing to provide this service. (A tax credit for physicians willing to build a panel of patients is one consideration.) MAT should be included as a basic health care service for insurance coverage, MCO, and publicly funded clinics, prisons, and jails. Health insurance coverage could be facilitated and promulgated by directives issued through the Health Insurance Exchange. Medicaid should cover methadone replacement therapy.

Basic Statistics; for the US:

- 1 in 10 over age 12 is a substance abuser (CMS)
- 1 in 4 is a binge drinker (5+ drinks at a time)
- Cost in US: $600 billion annually (health, productivity, crime)
- Age 50+: 1 in 20 using illicit drugs (SAMSHA)

Overarching Issues:

- Definition of a substance use disorder: a treatable brain disease that affects behavior and has a chronic, relapsing course; and risk continues while in recovery.
- Current approaches to help people with substance use disorders are at best insufficient; many are misdirected.
- Dual diagnosis: a large fraction of persons with substance use disorder have a co-occurring mental disorder. Failure to treat the co-occurring disorder makes treating the substance use disorder difficult.
- This is hard because:
  - Stigma
  - Blame the victim; punish the victim
  - Our enabling culture
- Incarceration plays a major role in sustaining substance use.
- Medication Assisted Treatment (MAT) is a proven and important component in treatment. It has been underutilized.
- Benefit-cost ratios in terms of public funding for prevention and treatment are huge.
- Mismatch between need and solutions.
- Fragmentation of programs.
- Challenge of prioritizing limited public funds.
- Challenge of reaching for the long term – looking beyond the political horizon.
- Special populations: women, adolescents, older adults –

Primary Prevention of Under-Age Drinking and Excess Alcohol Use

(See attached Background Paper)
Data: Estimated 124,000 persons in NM need for treatment of alcohol use. Economic cost in NM estimated at $2.8 billion.
40% of NM high school students drink; 25% do binge drinking; 29% began before age 13.

Recommendations: Increas
alcohol excise taxes,
Maintain limits on hours of sale,
Enhance enforcement of laws prohibiting sales to minors.

Medicaid should encourage/reimburse for SBIRT.

Primary Prevention of Illicit Drugs and Misuse of Prescription Drugs

(See attached Background Paper)
Data: Estimated 45,000 persons in NM need treatment for illicit drug use. Unintended deaths from prescription drugs in NM exceeds deaths from heroin.

Board of Pharmacy Prescription Monitoring Program has excellent potential in curbing duplication and diversion of prescription drugs. It needs to become automated and more broadly used. Physician education is needed. Legislative support may be required to be effective in this area.

BHSD community programs are evidenced based and likely have highly favorable benefit-cost ratio. Issue is that of scaling up to meet the problem.

Recommendations: Support of Prescription Monitoring Program
Support for agency (BHSD) expansion of community and school-based prevention programs; accountability with reference to need.

Harm Reduction: Syringe and Needle Exchange and Overdose Prevention

(See attached Background Paper.)
Recommendations:

1. Support increased funds for and expand SEPs, including outreach, in areas where IV drug use is prevalent.
2. Amend the NM laws regarding SEPs and other harm reduction to address minors' needs.
3. Amend the NM regulation regarding administration of opioid antagonists to allow standing orders for DOH staff and contractors to distribute Narcan. This is common with many other medications for standing orders for administration to be present.
4. Increase the number of persons trained in the nasal administration of Narcan by:
    a. Reducing the training requirements of this technique
    b. Creating a standard of care that initial opiate replacement prescriptions for buprenorphine be accompanied by a prescription for Narcan with instruction.
5. Establish a pilot program through Project ECHO at UNM to expand training for the administration of Narcan at private pharmacies for non-state funded patients.
6. Expand public education about the Good Samaritan Law to encourage assistance of persons with overdose,

Inventory and Mapping: Behavioral Health Assessment and Treatment Capacity

There is no centralized census of behavior health assessment and treatment providers and facilities. Information is scattered across multiple agencies and its availability is fragmented and inefficiently available to planners and the public. Such capacity if organized would need to be maintained and regularly updated, for which there are no presently designated resources. BHSD is presently working on this.
Recommendation: Support multi-agency participation in building and maintain database.

Integration of Behavioral Health Services With Primary Care

This is a priority area for the Task Force. Need for assessment and treatment of alcohol and drug use disorders greatly exceeds the capacity and distribution of the behavior health providers under the present behavioral health carve-out. The Task Force supports HSD in expanding the reimbursement of certified primary care physicians in use of opiate replacement, effectively achieving what SB 232 attempted in 2011.

Medication Assisted Treatment (MAT)

Recommendations: Greatly expand access to MAT by expanding the physician workforce that is certified, distributed, available, and willing to provide this service. (A tax credit for physicians willing to build a panel of patients is one consideration.) MAT should be included as a basic health care service for insurance coverage, MCO, and publicly funded clinics, prisons, and jails. Health insurance coverage could be facilitated and promulgated by directives issued through the Health Insurance Exchange. Medicaid should cover methadone replacement therapy.

Sentencing and Collateral Consequences

In general treatment of substance abuse in lieu of incarceration is an effective too to divert offenders from jail beds and address the offenders struggle with substance use. The SM18 Task Force has advocated for diversion from incarceration for alcohol (DWI) and drug offenses limited to use and possession and limiting the consequences for technical violations of probation or parole.
Recommendations: The SM18 Task Force encourages developing and evaluating a pilot program to promote use of judicial discretion in managing technical violations of probation. No legislation is anticipated for 2012.

Management of Prisoners with Addiction

(See Background Paper)
Recommendations: All recommendations in this priority area can be handled within current authority. Limiting factors are budget and other competing priorities.

Peer Support Services Access During Incarceration and Recovery After Release

Using certified volunteers.
Recommendation: Development of numbers with:
Increased use in prisons and jails
Increased use in communities

County Jails

Survey of inmates in seven county jails to determine reasons for incarceration and duration. A multagency plan is needed to provide the mental health, behavioral health, alcohol and drug treatment (including MAT) and pre-release planning and bridging and hand-off to community providers. An expanded role for DOH and use of the local public health offices is one possible component.